PROJECT SCAFFOLD - BEST PRACTICE

Organisation contributing the best practice

| (Note: Areas is green | for office use only) | |
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| | | | | | | В | est Practice F | Ref. Nr. | 5 | 05 | 0/003/015 | | |
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| Organisation | DEUTSCI | DEUTSCHES ALTERSHEIM PRETORIA | | | | D | ate: | 05.04.2 | 05.04.2022 | | | | |
| name: | | | | | | | | | | | | | |
| Information | KATRIN (| INLEY | • | | | Role within organisation: | | | | GENERAL MANAGER | | | |
| provided by: | | | | | | | | | | | | | |
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| Stage of E | Submitt | d X | Under | Χ | Clarification | Х | Legal | In | Sector | | Published | | |
| developmer | nt: | | Review | | | | Review | progress | Contributions | | | | |

BEST PRACTICE

Name of Best Practice MENTAL AND PHYSICAL STIMULATION AND EVALUATION

1. This proposed best practice is <u>primarily</u> related to (please tick 2 most applicable boxes):

| What Customers want or value | Х | Finances / Costs | | Business Processes | | Staff | | Systems | |
|------------------------------------|---|---------------------|---|-----------------------|--|----------|--|----------|---|
| Organisation | | Quality of | X | Care Service | | Health & | | Morale | х |
| Structure | | care | ^ | Delivery | | Safety | | ivioraic | ^ |
| Other: Please indicate | | | | | | | | | |

2. Context: Share information to give more context in relation to where this specific practice is used in your organisation.

| Urban | | Rural | | Number of Social Grant Recipients | | | | | |
|--------------|----|-----------------------|-------------|-----------------------------------|-----------------|--------------------------|----|-------------------------------|----|
| Care Centre | х | Independent Living | 47 FLATS | Assisted Living | 31 Roo ms | Nr. of In-house staff | 51 | Nr. of Outsourced staff | 14 |
| Nr. of rooms | 14 | Nr. of beds | 29 | FRAIL CARE | | | | | |

3. Description of best practice:

3.1 Share as much detail as possible. Where appropriate, please indicate resident participation, involvement, benefit etc.

We offer various regular resident participation programs designed to stimulate and engage our residents as much as possible. We offer the following on a regular and ongoing basis.

- 1. Occupational Therapy group every Friday morning
- 2. Hobby and craft circle every Friday morning
- 3. Dance group/classes every second Thursday morning
- 4. Art therapy/classes every Monday morning
- 5. Daily exercises with the residents
- 6. Water aerobics Wednesday afternoons

We employ an art therapist and occupational therapist (one day a week) for the therapy sessions. Our dance classes are done by a volunteer. The daily exercises with the residents are done together with one of our nursing staff. Water aerobics is offered by a volunteer.

Many of our Frail Care residents have dementia and can no longer communicate their needs or state of mind. Our art therapist (as one example) works with these residents and through various techniques can assess their state of mind and moods of the moment. She manages to bring out the residents who are usually nonresponsive, even if it only for an hour or two.

3.2 Why did you develop this best practice? Please describe the challenges, constraints or bottlenecks that led to this

We developed this best practice because we felt that many residents were withdrawing into themselves and not interacting with one another. We saw a lot of loneliness. Activities done together creates a bond between them. We try to encourage residents to take part in at least one or two of the activities we have on offer. We noticed particularly during the past two years of Covid how residents suffer when they isolate themselves and withdraw. Both physically and mentally residents decline dramatically when they become lonely or feel left alone.

It was important for us to find the 'right' people to lead these activities, and we were fortunate to find kind, understanding, patient and qualified people for these tasks.

Our greatest challenge is the 'middle' group of residents (assisted living). Frail Care and Independent Living take part in most activities offered by us, however Assisted Living tend to keep to themselves. We are working on this and have investigated the reasoning for it. We are currently engaging them in more 'non-confrontational' or perceived 'threatening' group activities.

3.3 Why do you consider this to be a best practice? E.g., Outcomes noted

It is important for social interaction as well as mental and physical stimulation.

New residents settle in quicker and easier when taking part in an activity and they feel as though they belong to a group and are a part of something.

New friendships are formed and in general the residents are happier and healthier.

| It is good to give our residents a challenge as well as support and an activity to look forward to. | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| 3.4 Do you consider this to be compliant with the current Older Persons Act? | | | | | | | | | |
| Yes | Yes X No | | | | | | | | |
| If Yes, which p | If Yes, which portions does it comply with? If No, which portions does it not comply with? | | | | | | | | |
| | | | | | | | | | |
| I do not know X | | | | | | | | | |
| 3.5 How long has this practice been used within the organisation? (state period in years) | | | | | | | | | |
| 2.6 What are essential aspects in the organisation that directly support / maintain this practice? | | | | | | | | | |

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Funding, donations, support from our managing committee and the buy-in from our residents. We print a monthly newsletter together with a calendar of all activities for the upcoming month which we give to all the residents so they always know what is happening when.

3.7 What are the benefits for your residents and/or staff and other stakeholders?

It creates an emotional connection between the residents and helps them to feel at home within the organization. The aim is for our residents to feel they are at home, that this is their space and that they are an integral part of it. We attempt to let every resident feel important, valuable and heard.

3.8 What lessons were learned?

The residents that choose not to take part in anything and isolate themselves do not do as well as those that become part of a group, have a hobby that is shared, or take an interest in what is happening around them. Those residents are often lonely and are also the ones that complain the most about small or insignificant things. It tells us that they are unhappy within themselves.

Many lessons have been learnt and a deeper understanding of the challenges faced on a daily, sometimes hourly basis by our aging residents. It is most often the mental and emotional (not just physical) challenges that are the hardest for them to deal with.